


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2006 AR	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 FEB -6 PM 3:40
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # M23791

1. Corporation Name

SENTRY MOVING & STORAGE SERVICES, INC.

2. Principal Office Address

3353 NW 74th. Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

3. Mailing Office Address

3353 NW 74th. Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-2610367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

D. Richard Griesemer

Street Address (P.O. Box Number is Not Acceptable)

3353 NW 74th. Ave.

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33122

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

D. Richard Griesemer

REGISTERED AGENT MUST SIGN

Date 2/1/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SPD	D. Richard Griesemer	3353 NW 74th. Ave.	Miami, FL. 33122

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

D. Richard Griesemer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

305/761-2801

Daytime Phone #